

|                  |  |                 |
|------------------|--|-----------------|
| CLAIMS ONLY      | Application Number<br><div style="font-size: 1.2em; font-family: cursive;">10/660310</div> | Filing Date<br> |
| Applicant(s)<br> |  |                 |

| * May be used for additional claims or amendments |          |        |                       |        |                        |        |  |
|---|----------|--------|-----------------------|--------|------------------------|--------|--|
| CLAIMS  | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |  |
|   | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |  |
| 1   | 1        |        |                       |        |                        |        |  |
| 2   |          | 1      |                       |        |                        |        |  |
| 3   |          | 1      |                       |        |                        |        |  |
| 4   |          | 1      |                       |        |                        |        |  |
| 5   |          | 1      |                       |        |                        |        |  |
| 6   |          | 1      |                       |        |                        |        |  |
| 7   |          | 1      |                       |        |                        |        |  |
| 8   |          | 1      |                       |        |                        |        |  |
| 9   |          | 1      |                       |        |                        |        |  |
| 10  |          | 1      |                       |        |                        |        |  |
| 11  |          | 1      |                       |        |                        |        |  |
| 12  |          | 1      |                       |        |                        |        |  |
| 13  | 1        |        |                       |        |                        |        |  |
| 14  |          | 1      |                       |        |                        |        |  |
| 15  |          | 1      |                       |        |                        |        |  |
| 16  |          | 1      |                       |        |                        |        |  |
| 17  |          | 1      |                       |        |                        |        |  |
| 18  |          | 1      |                       |        |                        |        |  |
| 19  |          | 1      |                       |        |                        |        |  |
| 20  |          | 1      |                       |        |                        |        |  |
| 21  |          | 1      |                       |        |                        |        |  |
| 22  |          | 1      |                       |        |                        |        |  |
| 23  |          | 1      |                       |        |                        |        |  |
| 24  |          | 1      |                       |        |                        |        |  |
| 25  |          | 1      |                       |        |                        |        |  |
| 26  | 1        |        |                       |        |                        |        |  |
| 27  |          | 1      |                       |        |                        |        |  |
| 28  |          | 1      |                       |        |                        |        |  |
| 29  |          | 1      |                       |        |                        |        |  |
| 30  |          | 1      |                       |        |                        |        |  |
| 31  |          | 1      |                       |        |                        |        |  |
| 32  |          | 1      |                       |        |                        |        |  |
| 33  |          | 1      |                       |        |                        |        |  |
| 34  |          | 1      |                       |        |                        |        |  |
| 35  | 1        |        |                       |        |                        |        |  |
| 36  |          | 1      |                       |        |                        |        |  |
| 37  |          | 1      |                       |        |                        |        |  |
| 38  |          | 1      |                       |        |                        |        |  |
| 39  |          | 1      |                       |        |                        |        |  |
| 40  |          | 1      |                       |        |                        |        |  |
| 41  |          | 1      |                       |        |                        |        |  |
| 42  |          | 1      |                       |        |                        |        |  |
| 43  | 1        | 1      |                       |        |                        |        |  |
| 44  | 1        | 1      |                       |        |                        |        |  |
| 45  |          | 1      |                       |        |                        |        |  |
| 46  | 1        |        |                       |        |                        |        |  |
| 47  |          | 1      |                       |        |                        |        |  |
| 48  |          | 1      |                       |        |                        |        |  |
| 49  |          | 1      |                       |        |                        |        |  |
| 50  |          | 1      |                       |        |                        |        |  |
| Total Indep                                       | 5        |        |                       |        |                        |        |  |
| Total Depend                                      | 42       |        |                       |        |                        |        |  |
| Total Claims                                      | 47       |        |                       |        |                        |        |  |

New

19  
 35

| 51           | Indep | Depend | Indep | Depend | Indep | Depend |
|--------------|-------|--------|-------|--------|-------|--------|
| 51           | 1     |        |       |        |       |        |
| 52           |       | 1      |       |        |       |        |
| 53           |       | 1      |       |        |       |        |
| 54           | 1     |        |       |        |       |        |
| 55           |       | 1      |       |        |       |        |
| 56           |       | 1      |       |        |       |        |
| 57           |       | 1      |       |        |       |        |
| 58           |       | 1      |       |        |       |        |
| 59           |       | 1      |       |        |       |        |
| 60           |       | 1      |       |        |       |        |
| 61           |       |        |       |        |       |        |
| 62           |       |        |       |        |       |        |
| 63           |       |        |       |        |       |        |
| 64           |       |        |       |        |       |        |
| 65           |       |        |       |        |       |        |
| 66           |       |        |       |        |       |        |
| 67           |       |        |       |        |       |        |
| 68           |       |        |       |        |       |        |
| 69           |       |        |       |        |       |        |
| 70           |       |        |       |        |       |        |
| 71           |       |        |       |        |       |        |
| 72           |       |        |       |        |       |        |
| 73           |       |        |       |        |       |        |
| 74           |       |        |       |        |       |        |
| 75           |       |        |       |        |       |        |
| 76           |       |        |       |        |       |        |
| 77           |       |        |       |        |       |        |
| 78           |       |        |       |        |       |        |
| 79           |       |        |       |        |       |        |
| 80           |       |        |       |        |       |        |
| 81           |       |        |       |        |       |        |
| 82           |       |        |       |        |       |        |
| 83           |       |        |       |        |       |        |
| 84           |       |        |       |        |       |        |
| 85           |       |        |       |        |       |        |
| 86           |       |        |       |        |       |        |
| 87           |       |        |       |        |       |        |
| 88           |       |        |       |        |       |        |
| 89           |       |        |       |        |       |        |
| 90           |       |        |       |        |       |        |
| 91           |       |        |       |        |       |        |
| 92           |       |        |       |        |       |        |
| 93           |       |        |       |        |       |        |
| 94           |       |        |       |        |       |        |
| 95           |       |        |       |        |       |        |
| 96           |       |        |       |        |       |        |
| 97           |       |        |       |        |       |        |
| 98           |       |        |       |        |       |        |
| 99           |       |        |       |        |       |        |
| 100          |       |        |       |        |       |        |
| Total Indep  | 2     |        |       |        |       |        |
| Total Depend | 7     |        |       |        |       |        |
| Total Claims | 9     |        |       |        |       |        |